OPTIMAL HEALTH CENTER
74361 HIGHWAY 111, SUITE 3
PALM DESERT, CA 92260
(760) 568-2598

NEW PATIENT INTAKE FORM

PATIENT INFORMATION / PROFILE

Name:	Date of Birth:	Gender: M F Other
Address:	☐ Single ☐ Married	☐ Divorced ☐ Other
(zip)	Employer / School:	
Occupation:		

Contact Information

Phone Numbers:	Work:	Home:	Cell:
Which number may be used to leave a private message with confidential health information?			
Confidential E-mail Address: (To Be Used For Dr/Patient Communication)			
Emergency Contact :		home phone:	
Relationship to patient:		work phone:	

REFERRALS AND ADJUNCTIVE CARE

Are you currently under medical care? ☐ No ☐ Yes For:				
Please list other health care professionals from whom you receive care (name, specialty, contact # if possible)				
How did you find Dr. Sinsheimer?	☐ Physician Referral:	☐ Patient Referral:	☐ Internet:	☐ Other:
Referring Physician or Patient Name:				

HEALTH CONCERNS (please list in order of importance to you)

1.	4.
2.	5.
3.	6.
Are you currently pregnant? ☐ No ☐ Yes Months?	
What goals do you have from your visit today and overall?	

What expectations do you have of your physician?

Medications and Supplements

Medications & dose:	
1.	4.
2.	5.
3.	6.
Supplements (vitamins, herbs, etc):	
1.	4.
2.	5.
3.	6.

Health History / Review of Systems

Allergies or Reactions to:	☐ Iodine	☐ Penicillin / antibiotics	☐ Sulfa Drugs	☐ Local anesthetics
☐ Aspirin	☐ Nuts	☐ Scents	☐ Other:	
Serious illnesses:				
Accidents:				
Hospitalizations / operations:				

Family History

Mother:	☐ Living	☐ Deceased	Cause	Age:
Father:	☐ Living	☐ Deceased	Cause	Age:
Siblings:	Number living:	Number deceased:	Causes / Ages:	
Children:	Number living:	Number deceased:	Causes / Ages:	

Has any family member had:	**Yes**	**Which Relative(s) & Age of Onset**	**Physician's Notes**
Diabetes	☐		
Stroke	☐		
Heart Disease	☐		
Heart Attack	☐		
High Blood Pressure	☐		
High Cholesterol	☐		
Kidney Disease	☐		
Osteoporosis	☐		
Hepatitis	☐		
Thyroid problems	☐		
Breast Cancer	☐		
Colon Cancer	☐		
Ovarian Cancer	☐		